

## SENIOR CITIZEN REGISTRATION AND COURSE AUDIT FORM

## Records Department Room 2220, West Campus

Room 2220, West Campus 3300 Century Avenue North Phone:651.779.3299 Fax:651.773.1708 records@century.edu

Student I	Name:			StariD or Student ID#:					
Date of B	Birth:			Year Term	: <b>20</b>	☐ Spring	☐ Summer	☐ Fall	
Senior cit	tizens may	register <u>be</u>	<mark>fore</mark> the fi	rst class da	ay of a cla	ss and pay full tuit	ion and fees.		
who regis	ster for cre	dit <b>on or a</b> t	fter the fi	rst day of	class day	or older, <mark>legal resio</mark> r, will be charged a Policy and are sub	a reduced fee per		
	find more in on-rates-fee		on tuition (	& fees chai	rges at: <u>ht</u>	t <u>ps://www.centur</u>	y.edu/cost-finand	iial-	
Course fo	or Credit:								
• 1 Course for	· ·	for a course	e for credit	, ensure tha	at the cou	rse has an open sp	pace and submit t	his form.	
• <i>F</i>	oox checke	d, along wit	th the instr	uctor's sigr	nature.	space and submit			
	this form n			•		ay of the start of t Office within one			
Audit	Course ID	Subject	Course #	Section #	Credits	Course Title	Instructor's S Required fo	_	
Student's Signature: Date:									
	ification (P	lease check	off as you p		•	): DOB 62 or older			
		e Start Date		-	_	Entered Senior Ra	nte		
		usiness Off	_						
Staff Initials:				Date:					